

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012058

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration-District No. 261Primary Registration District No. 3048Registrar's No. 107

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED APR 9 1962

1. PLACE OF DEATH  
a. COUNTY Nodawayb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN MaryvilleLength of stay in lb  
3 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St Francis HospInside Limits  
Yes ☒ No ☐c. CITY OR TOWN MaryvilleInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
207 S. BuchReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

L. W. (Nick) Barnett

4. DATE OF DEATH

Month

Day

Year

3-31-19625. SEX  
male6. COLOR OR RACE  
Cau7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
12-16-18819. AGE (last birthday)  
80IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
ret automobile dealer10b. KIND OF BUSINESS OR INDUSTRY  
Automobile Busi.11. BIRTHPLACE (City and state or country)  
Skidmore, Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.A.13a. FATHER'S NAME  
Andrew Garnett13b. MOTHER'S MAIDEN NAME  
Mary Frances Riddle14. NAME OF HUSBAND OR WIFE  
Mrs Hazel Barnett15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes; if or unknown) (If yes, give wt or dates of serv)  
Yes16. SOCIAL SECURITY NO.  
XXXX17. INFORMANT  
60 Mrs. Hazel Barnett - Maryville, Mo.18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.Arteriosclerotic heart disease & shock& occlusionpulmonary emphysemaPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Enter only one condition given in PART I (a))  
myocardial infarctionPART III. If deceased was female was  
there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-28-62 to 3-31-62 and last saw him alive on 3-31-62  
Death occurred at 11 8 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

W C Bauman MD1216 main Maryville4-3-6223a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Burial 4-3-1962 Hillcrest Cem - Skidmore, Mo.4 3 62Bens/bolt

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. 5114  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

George M. Cichwin Jr.

Licensed Embalmer No. \_\_\_\_\_

P. O. Address

Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.